

Foster Family Home - Corrective Action Report

Provider ID: 1-100126

Home Name: Ninan Barnes, CNA

1348 17th Avenue

Honolulu

HI 96816

Review ID: 1-100126-7

Reviewer: David Ayling

Begin Date: 7/29/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 7/29/19. Corrective Action Report issued during home inspection with all items due to CTA by 8/29/19.

6.(d)(1) - see applicable sections of the review

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff - No Sign In/Sign Out sheet for last year.

3 Person Fire Safety, Natural Disaster

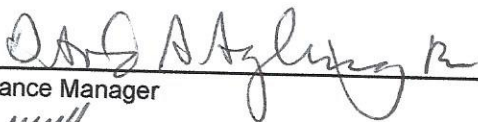
3 Person Fire Safety

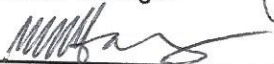
(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - CG #2 and CG #3 have not lead a fire drill in the last year.


Compliance Manager


Primary Care Giver

7/29/19
Date

7/29/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: NINAN BARNES

CCFFH Address: 1398 17th Ave. Hon. HI. 96816

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(3P)(b)(2) Staff	I have placed a sign-in/sign-out sheet in my CCFFH binder.	7/29/19	I will sign-in and sign out using this sheet when I leave & return to my CCFFH.
(3P)(b)(6) Fire	I have scheduled CG #2 to lead a fire drill later to day & CG #3 to lead a fire drill tomorrow.	7/29/19	I have made a schedule for all CG's to lead a fire drill at least once a month.

Primary Caregiver's Signature: 

Print Name: NINAN BARNES

Date of Signature: 7/29/2019